

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)							SERIAL NO. <i>10-018,242</i>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1						51				
2		1					52				
3		12					53				
4		10					54				
5		10					55				
6		21					56				
7		10					57				
8		21					58				
9		10					59				
10		1					60				
11		1					61				
12		21					62				
13		10					63				
14		10					64				
15		10					65				
16		10					66				
17		10					67				
18		10					68				
19		10					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		21					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		12					91				
42		1					92				
43		1					93				
44		21					94				
45		1					95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	43						TOTAL DEP.				
TOTAL CLAIMS	44						TOTAL CLAIMS				

PTO-1500 (5-75)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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